Office:



Name __

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

DAVID WebsTer		Office: Denate
DAVID Webster Mailing address Legislation PO Box 124	HOME POBOX 178	District H- 106
City, zip code Free pont ME 04032	So Freeport ME 04078	Phone 207 - 865-4311
	RIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from who economic activity of each employer.	om you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
House of Representations	2 5/45	Representative
	омень нафация на факция на	en der
		CONTROL CONTRO
	DERIVED FROM SELF-EMPLOYMEN slators who are self-employed.)	
A. List the name and address of your business, if any, associated with a partnership, firm, professional associatentity.	and list the major areas of economic activity	y from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Po Box 178 Address: Po Box 178 So. Free pont ME 0403	Construction	RENOVITOONS
Name: Address:		

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-em		
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or personal disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	ore than 10% of your gross inco	uch income. If this form of
Name and Address of Source	Activity	ncipal Type of Economic of Entity or Person Who is Source of the Income
Name: None		
Address:		Popularia de la composición del composición de la composición de l
Name:		
Address:		
PART 3. MAJOR AREAS OF I (For Legislators who are attorneys-a		
List your major areas of practice. If associated with a law firm, list the major area	den en en ser de la company de	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		કારવામાં ભાગભાવના ત્રાંત વાલા ભાગભાવના પ્રેતિકાર કોર્તિકારો અંગણેલા કોર્જીએ કોર્જીએ કોર્જીએ કોર્જીએ કે વૈત્રાલ ત્રાંત્ર માત્ર કરતા વાલા ભાગભાવના પ્રતિકાર કોર્તિકારી અંગણેલા કોર્જીએ કોર્જીએ કોર્જીએ કોર્જીએ કોર્જીએ કોર્જીએ
Address:		
Name:	To Park of an all the second s	
Address:		
PART 4. OTHER SOURCES O		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	orm. Do not include gifts. If no	ne, check the box.
None	egon (2005) months ill have belieft for the months of the control	
Name and Address of Source	(inv	Kind of Income restments, leases, etc.)
Name: Inharitance upon death of wife	Parents	mmenter van van die erste eerste verkel van die eerste eerste eerste eerste eerste verkel verke verkel van die
Address:	•	
	тито и советите в принципут на	
Name: Address:	etytuspyl tác	
	in a constant of the constant	
PART 5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	u received during the reporting from a relative. If none, check	period, and list the major the box.
D None	t to the single teal the single teal that the teal to the single teal teal to the single teal teal teal teal teal teal teal te	
Name and Address of Creditor		cipal Type of Economic Activity of Creditor
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Address:	est del trastro-trast	
N	THE CONTRACT OF THE CONTRACT O	остантивательного и принципательного в принципательного п
Name:	A very service services	

PART 6.	REPORTABLE GIFTS	Kalena en A	
List the specific source of each gift of more than \$300. Include none, check the box.	de gifts with an aggregate	value of mor	e than \$300 from a single source. If
D None	1995 berker de trade kommen er	handeligen feligiere (villere fra fra de sette de la fille persone gentrale para	
Name of Source of Gift		Name of	Source of Gift
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1. Lesten Salmon (Fasher IN LAN) 2. NCSL	4.	antino tor to militato est materiale est actual est antino est an egy case y a y specie, com	h Tillide All Golden des Little des Eine eines generaliste (1965 von 1965 des Allenders eines des generaliste des Australia des Allenders eines de
PART 7. REF List the source of any honoraria accepted for appearances or s	PORTABLE HONORAR		posibilities If none check the box
☑ None	procession of the comment of the com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PRODUCTION OF THE BOX.
Name of Source of Honoraria		Name of So	urce of Honoraria
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2.	retherited retinition of mobilities to althouse a proper quantum production with sitting 4 .	ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	adaciones personal traditivamenta di tambén di distribut di communicación producta de traditiva de compresención de traditiva de communicación de descributo de traditiva de communicación de descributo de communicación de descributo de communicación de communica
PART 8. REPRESENTA List each executive branch agency before which you represent	renter til prinseppe Sprailler til Sårere til ett stolle presidente for til		
DOX.	and a second manager of the following the company of the company o	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
None	and the second s		
Name of Agency		Name	of Agency Market receive and a construction of the construction o
	3.	mentile est en mention est	# xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
2.	4.		
PART 9. BUSINE	SS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	of your immediate family	sold goods o	r services with a value in excess of
None	o Person Communication of State of Stat	entrage eventures to province to a service or province entrage eventures entrage eventures entrage eventures e	мистоможным метрионерования в поменя в
Name of Agency	$0 \leq (1+\alpha) \leq $	Name	of Agency
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$2. \ .$	del	;;;#\$\ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	ranti punti Pirki Nishi Mahil Madil sadarari sa Summera Asik Punti Pikh Budahada na aya da Afrik 1990 (Madil sadah Suman s
PART 10. INCOME RECEIVED	BY MEMBERS OF IMI	MEDIATE F.	AMILY
List the type of economic activity representing each source of idependent child(ren) during the reporting period and the kind o or more of income, their name and job title are listed. Do not income	fincome represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000
-1 + (1 + (1 + (1 + (1 + (1 + (1 + (1 +	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Job Title: 17530C/189 & 1781 C	1. Registrasse + 2. Festival Coordination 3.	Spouse or Domestic Partner	1. Splary 2. 3.
		Dependent Child	All the state of t
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent	44-Co-no 1989 9 80 80 80 80 80 80 80 80 90 94-Anto-moneuro sono accompanyo accompa
activity and the kind of income.		Child	
		Dependent Child	

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None				
Organization/Business	andred designed producer stated to produce a distributed contributed to designed by the distributed and distributed to the distributed and distributed and distributed to the distributed and distributed as a dis	Position Held	Family Member's	Compen-
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This is the entity through which my nife contents and so elilenties & teacher throwing, etc. I am technically a co-owner.				
deletes & feath thousing, etc.				
	SIGNATURE			
A Legislator who willfully fails to file a required statemen	it is subject to a fine	of up to \$100. (1	M.R.S.A. § 1017-	A)
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Jakun Hourge	₁₀₀ 1777		1, 2010	
Signature Signature		1/4×1/3) Zejo Date	
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PART 11. OFFICER OR DIRECTOR POSITIONS